



1m3693

PATENT

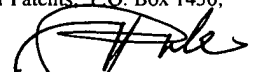
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	Sam E. Kinny Jr.	Examiner:	Jocelyn Greimel
Application No.:	09/490,867	Art Unit:	3693
Filed:	January 24, 2000	Docket No.	ARIBP050
Title:	METHOD AND APPARATUS FOR CORRECTING FAILURES WITH PARTICIPANT ISOLATION IN A DUTCH AUCTION		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

12/21, 2007.


Veronica Pula

TRANSMITTAL OF RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Response to Restriction Requirement in response to Office Action mailed November 28, 2007 in the above-identified application.

The fee has been calculated as shown below.

CLAIMS	After Amd.	HP*	Extra	Small Entity			Large Entity	
				Rate	Fee		Rate	Fee
Total	10	46	-0-	x \$25 = \$		OR	x \$50 = \$	
Independent	2	13	-0-	x \$105 = \$		OR	x \$210 = \$	
Multiple Dependent Claims				x \$185 = \$		OR	x \$370 = \$	
*HP = Highest previously paid				TOTAL FEE \$		OR	TOTAL FEE \$	-0-

☐ Applicant(s) hereby petition for following extension of time in which to respond to the outstanding Office Action.

	SMALL ENTITY			LARGE ENTITY	
	Rate	Add'l Fee		Rate	Add'l Fee
<input type="checkbox"/> Extension for Response within FIRST month	x \$60 = \$		OR	x \$120 = \$	
<input type="checkbox"/> Extension for Response within SECOND month	x \$230 = \$		OR	x \$460 = \$	
<input type="checkbox"/> Extension for Response within THIRD month	x \$525 = \$		OR	x \$1050 = \$	
<input type="checkbox"/> Extension for Response within FOURTH month	x \$820 = \$		OR	x \$1640 = \$	
<input type="checkbox"/> Extension for Response within FIFTH month	x \$1115 = \$		OR	x \$2230 = \$	

☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0685. (ARIBP050).

☐ Enclosed is our Check No. __ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.

☐ Enclosed is Applicant Initiated Interview Request Form, PTOL-413A.

☐ Enclosed are _____ sheets replacement drawings.

☐ Please charge Deposit Account No. 50-0685 (ARIBP050) in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.

☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (ARIBP050).

☐ OTHER:

Respectfully submitted,
VAN PELT, YI & JAMES LLP



Robyn Wagner
Registration No. 50,575

10050 N. Foothill Blvd., Suite 200
Cupertino, CA 95014
Telephone: 408-973-2585



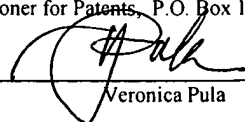
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Veronica Pula

RESPONSE TO RESTRICTION REQUIREMENT


Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement dated November 28, 2007, Applicants hereby elect the claims of Group I (1-10 and 16-20), without traverse.

Respectfully submitted,

Dated: 12/21/07


Robyn Wagner
Registration No. 50,575
V 408-973-2596
F 408-973-2595

VAN PELT, YI & JAMES LLP
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